			. 6		,			~_			•		
09/836055									oplication or Docket Number				
•	PATENT APPLICATION FEE DETERMINATION RECOR							062891-0469					
			FILED - PART I (Column 1) (Column				SMALL ENTITY TYPE		OTHER THAN		4		
TOTAL CLAIMS			28				F	ATE	FEE	·	RATE	FEE	
FOR			NUMBER I	FILED	NUMBE	BER EXTRA		SIC FEE	355.00	OR	BASIC FEE	710.00 <sup>1</sup>	
TOTAL CHARGEABLE CLAIMS			? 8minus 20=		. 68		×	(\$ <del>9</del> =		OR	X\$18=	1221	
INDEPENDENT CLAIMS			minus 3 =		5		5	<b>(40</b> =		OR	X80=	400	
MULTIPLE DEPENDENT CLAIM PI			RESENT			+18		135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							. <u></u>	OTAL .		OR	TOTAL	233 W	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	MALL	ENTITY	OR	OTHER SMALL		
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA	A	ATE	ADDI- TIONAL FEE	4	RATE	ADDI- TIONAL FEE	
DME	Total	125	Minus "	. 9	B 93	=32	X	\$ 9=		OR	X\$18=	57 (	
MENDMENT	Independent	· 20	Minus	***	<b>M</b> 7	= 13 ·	×	40=		OR	X80=	111 4	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDEN	T CLAIM.			135=	<b>8.</b> 9	ÓΗ	+270=		
								TOTAL			TOTAL ADDIT FEE	1699	
W.Y	AME OF	(Column 1)		(Colu	mn 2)	(Column 3)	4 3.5						
NDMENT B		CLAIMS REMAINING AFTER AMENDMENT		- NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE	T. Bridge	RATE	ADDI- TIONAL FEE	
DMC	Total		Minus :		\$4. Ju	<b>=</b>	T	( <b>\$</b> 9=	144	OR	X\$18=		
AME	Independent		Minus	. •••		-	] ],	(40 <del>=</del>	ত্ত্ব প্রয়োগ পশুক্তর পর	OR	~X80=		
_	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDEŅ	TCLAIM		1	135=			+270=		
		Same of the second		• : -	-		سا	TOTAL		OR OR	TOTAL		
		(Column 1)		(Colu	ımn 2)	(Column 3)		OIT. FEE		17	ADDIT. FEE		
ENTIC		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA	1 $\Gamma$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	

		(Column 1)	117017	(Octomin E)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA						
MO	Total	•	Minus	••	÷						
NEW THE	Independent	•	Minus	•••	=						
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										

\* if the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR

OR

OR

X\$ 9=

X40=

+135=

X\$18=

=08X

+270=

OR ADDIT FEE